PTO/SB/17 (10-08)
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	Complete if Known											
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nu	mber	10/660,472-Conf. #4975						
FEET	Filing Date		September 11, 2003									
Ĭ	First Named In	ventor	Hajime Saito									
	or FY 20	103		Examiner Name	•	E. M. Thomas						
Applicant claims	Art Unit	3714										
TOTAL AMOUNT OF PA	AYMENT	(\$) 130.00)	Attorney Docket No. 09867/0200009-US0								
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
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fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION												
	-	YAMINATION FE	FS									
i. DAGIO I ILINO, GLI	SIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
A		Small Entity		Small Entity		Small Entity						
Application Type	Fee (\$		Fee (\$		Fee (\$)	Fee (\$)	Fees	<u>Paid (\$)</u>				
Utility	330	165	540	270	220	110						
Design	220	110	100	50	140	70						
Plant	220	110	330	165	170	85						
Reissue	330	165	540	270	650	325						
Provisional	220	110	0	0	0	0						
2. EXCESS CLAIM FE	EES							Small Entity				
Fee Description							Fee (\$)	Fee (\$)				
Each claim over 20 (in					52	26						
Each independent claim over 3 (including Reissues)							220	110				
Multiple dependent cl	Multiple dependent claims						390	195				
Total Claims	Extra Claim	s <u>Fee (\$)</u>	F	ee Paid (\$)	<u>N</u>	<u>fultiple Depend</u>	<u>s</u>					
18 - ²⁰ or I	^{HP} 0	_ x <u>52.00</u> =		0.00	<u>F</u>	Fee (\$)		\$)				
HP = highest number of to	otal claims paid for	r, if greater than 20.										
Indep. Claims	Extra Claim	s <u>Fee (\$)</u>	F	ee Paid (\$)								
4 4 or HF		_ × <u>220.00</u> =		0.00								
HP = highest number of in	idependent claims	paid for, if greater th	ian 3.									
3. APPLICATION SIZ												
If the specification a	nd drawings ex	ceed 100 sheets	of paper	(excluding elect	ronically fi	led sequence or	computer					
listings under 37 sheets or fraction	CFR 1.52(e)),	the application s	ize fee di	ne is \$270 (\$135	for small e	ntity) for each a	idditional 5	0				
							.	D-1-1 (A)				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00												
SUBMITTED BY	100											
Signature	4 DO	11		Registration No. (Attorney/Agent)	44,528	Telephone	(212) 52	27-7700				

Date

June 26, 2009

Name (Print/Type)

Thomas J. Bean



AMENDMENT TRANSMITTAL LETTER

Docket No. 09867/0200009-US0

Application No. Filing Date Examiner Art Unit 10/660,472-Conf. #4975 September 11, 2003 E. M. Thomas 3714

Applicant(s): Hajime Saito et al.

Invention: GAME SYSTEM, SERVER APPARATUS AND REGISTER TERMINAL

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

	CLAIMS AS AMENDED								
	Claims Remaining After Amendment	Highe: Numbe Previou Paid	er sly	Number Extra Claims Present		Rate			
Total Claims	18	- 20	=	0		x 52.00	0.00		
Independent Claims	4	- 4	=	0		x 220.00	0.00		
Multiple Depend	dent Claims (ch	eck if app	licabl	e)		= :			
Other fee (pleas	e specify): E	Extension f	or res	ponse within fi	rst r	month	130.00		
TOTAL ADDIT	130.00								
x Large Entity						Small Entity	у		
No additiona	al fee is require	d for this	amei	ndment.	ľ				
X Please char A duplicate	ge Deposit Acc				n th	e amount of \$	130.00 .		
A check in t	closed.								
Payment by	credit card. Fo	orm PTO-	2038	is attached.		•			
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x Credit a	ny overpaymer	nt.							
x Charge	any additional fil	ing or app	licatio	on processing	fees	s required under	37 CFR 1.16 and 1.17.		
						Dated:	June 26, 2009		
Thomas J. Bea Attorney/Agent		528							

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